

AMENDED IN ASSEMBLY JUNE 29, 2006

AMENDED IN ASSEMBLY JUNE 27, 2006

AMENDED IN SENATE MAY 26, 2006

AMENDED IN SENATE MARCH 27, 2006

SENATE BILL

No. 1356

Introduced by Senator Lowenthal

(Coauthor: Senator Torlakson)

(Coauthors: Assembly Members Berg, Lieu, and Nava)

February 21, 2006

An act to amend Section 4098 of, and to add Section 4098.6 to, the Welfare and Institutions Code, relating to suicide prevention.

LEGISLATIVE COUNSEL'S DIGEST

SB 1356, as amended, Lowenthal. Suicide prevention.

Existing law, the California Suicide Prevention Act of 2000, authorizes the State Department of Mental Health to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors.

Existing law, the Mental Health Services Act, was approved by the voters in November 2004 as Proposition 63, an initiative measure. Under the act, the State Department of Mental Health is required, among other things, to distribute funds for local assistance for designated mental health programs.

This bill would establish the California Suicide Prevention Act of 2006, and would require, by May 1, 2008, the State Department of Mental Health, in consultation with specified state departments, to adopt and distribute a statewide strategic suicide prevention plan *that*

incorporates, to the extent appropriate and feasible, the strategic plan developed by the Suicide Prevention Advocacy Network-California and guidelines to counties and local mental health departments to consider for Proposition 63 funding.

This bill would make revisions to legislative findings and declarations in existing law regarding the suicide problem in California.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 4098 of the Welfare and Institutions
2 Code is amended to read:
3 4098. The Legislature finds and declares all of the following:
4 (a) The Surgeon General of the United States has described
5 suicide prevention as a serious public health priority, and has
6 called upon each state to develop a statewide comprehensive
7 suicide prevention strategy using a public health approach.
8 Suicide now ranks eighth among causes of death.
9 (b) In 2003, 3,389 Californians lost their lives to suicide, an
10 average of over nine California residents per day. It is estimated
11 that there are between 75,000 and 100,000 suicide attempts in
12 California every year. Eleven percent of all suicides in the nation
13 take place in California.
14 (c) Among older adults, suicide rates are increasing, making
15 suicide the leading fatal injury among the elderly population in
16 California. In California, the rate of completed suicide among
17 adults 75 years of age or older is over twice the rate of other age
18 groups. As the proportion of California's population age 75 years
19 and over increases, the number of suicides among persons in this
20 age group will also increase unless an effective suicide
21 prevention strategy is implemented.
22 (d) Adolescents are far more likely to attempt suicide than
23 other age groups in California. Data indicate that there are 100
24 attempts for every adolescent suicide completed. In 2003, 198
25 California youths under the age of 21 years died by suicide.
26 Using this estimate, there were likely more than 20,000 suicide
27 attempts made by California adolescents, or approximately 20

1 percent of all the estimated suicide attempts that occurred in
2 California.

3 (e) Of all of the violent deaths associated with schools
4 nationwide since 1992, 14 percent were suicides.

5 (f) Suicide is the third leading cause of death for youth
6 between the ages of 15 to 24 years. While the death rates for
7 unintentional injuries decreased by more than 40 percent between
8 1979 and 1996, the death rates for homicide and suicide
9 increased for youth. Evidence is growing in terms of the links
10 between suicide and other forms of violence. This provides
11 compelling reasons for broadening the state's scope in
12 identifying risk factors for self-harmful behavior. The number of
13 estimated youth suicide attempts; and the growing concerns of
14 youth violence can best be addressed through the implementation
15 of successful gatekeeper training programs to identify and refer
16 youth at risk for self-harmful behavior.

17 (g) The American Association of Suicidology (AAS)
18 conservatively estimates that the lives of at least six persons
19 related to or connected to individuals who attempt or complete
20 suicide are impacted. Using these estimates, in 2003, more than
21 600,000 Californians struggled to cope with the impact of
22 suicide.

23 (h) Decreases in alcohol and drug abuse, as well as decreases
24 in access to lethal means, significantly reduce the number of
25 suicides.

26 (i) Actual incidences of suicide attempts are expected to be
27 higher than reported because attempts not requiring medical
28 attention are less likely to be reported. The underreporting of
29 suicide completion is also likely since suicide classification
30 involves conclusions regarding the intent of the deceased. The
31 stigma associated with suicide is also likely to contribute to
32 underreporting.

33 (j) Without interagency collaboration and support for proven,
34 community-based, culturally competent suicide prevention and
35 intervention programs, the incidence of occurrences of suicide is
36 likely to rise.

37 (k) Emerging data on rates of suicide based on gender,
38 ethnicity, age, and geographic areas demand a new strategy that
39 responds to the needs of a diverse population.

1 (l) The United States Surgeon General has recommended that
2 each state develop a statewide comprehensive suicide prevention
3 strategy.

4 SEC. 2. Section 4098.6 is added to the Welfare and
5 Institutions Code, to read:

6 4098.6. (a) This section shall be known and may be cited as
7 the California Suicide Prevention Act of 2006.

8 (b) On or before May 1, 2008, the department shall, in
9 consultation with representatives of the State Department of
10 Health Services, State Department of Alcohol and Drug
11 Programs, State Department of Social Services, State Department
12 of Education, the California Department of Aging, the
13 Corrections Standards Authority, the California National Guard,
14 the Department of the Youth Authority, and representatives of
15 county mental health and health departments and local law
16 enforcement, adopt and distribute a statewide strategic plan
17 *which shall incorporate, to the extent appropriate and feasible,*
18 *the strategic plan* developed by the Suicide Prevention Advocacy
19 Network-California. The department shall provide guidelines to
20 counties and local mental health departments to consider for
21 Proposition 63 funding. The department shall *also develop and*
22 *use the guidelines as a model for existing and future programs on*
23 *suicide prevention.* The department may use consultant services
24 for this purpose.

25 (c) The department shall, when adopting the statewide
26 strategic plan, consider the goals and objectives of the United
27 States Surgeon General's National Strategy for Suicide
28 Prevention and the strategic plan developed by the Suicide
29 Prevention Advocacy Network-California.

30 (d) The department may, in the adoption of a statewide
31 strategic plan, review the missions, as provided in statute, of
32 major state mental health, health, aging, and school mental health
33 programs and recommend, as necessary and appropriate,
34 statutory changes to include suicide prevention in the mission
35 statement of those programs.